

BRITISH MEDICAL ASSOCIATION  
Board of Science and Education

# Alcohol and young people



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# **Alcohol and young people**

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## Scope and background

The British Medical Association has developed comprehensive policy addressing the issues surrounding alcohol use and the problems which can arise from its misuse, in terms of the effect on the individual and society in general. More recently the following resolution was adopted as BMA policy at the 1996 BMA Annual Representative Meeting (ARM):

*That this Meeting is concerned that unacceptable levels of alcohol are present in some of the drinks which are aimed at the teenage market and believes that the deliberate targeting of this group by purveyors of alcohol should be made illegal.*

Among the issues lying behind this resolution are:-

- Recent studies indicate a rise in the proportion of young people (11-15 years) who drink regularly, and an increase in the amount they are drinking on each occasion.<sup>1</sup>
- The appeal of 'designer drinks' is at its height between the ages of 13-16 years.<sup>2,3</sup>
- The BMA is concerned that unhealthy patterns of drinking by teenagers may lead to an increased level of addiction and dependence on alcohol in adulthood.<sup>4</sup>
- Teenagers are more likely to have casual sex and are less likely to use condoms when under the influence of drugs or alcohol.<sup>5</sup> Such risk taking may result in unwanted pregnancies and sexually transmitted diseases.

Such trends are worrying as alcohol consumption, in particular both regular heavy consumption and 'binge drinking', has been associated with physical and mental health problems, antisocial behaviour, domestic violence, accidents, and injuries. Drinking too much on a regular basis will increase the risk of damaging one's health, ie liver damage, mouth and throat cancer, raised blood pressure. 'Binge drinking' is a particular risk for young people as alcohol may have more of an effect on them, compared to older drinkers.

There is a need for government action to address the problems of underage and teenage drinking. This must involve changes to legislation, responsible marketing, effective monitoring of the drinks industry and health education. This paper raises a number of issues for consideration by government and the drinks industry which are specifically related to the 1996 ARM resolution, ie the problem of designer drinks aimed at young people, principally those under 18 years old.

Designer drinks

During the nineties, new ranges of alcoholic drinks, often referred to as designer drinks, were introduced into the market. These included fruit flavoured wine and spirit based drinks, strong white ciders and alcoholic ‘soft drinks’, ie alcoholic lemonades, sodas, and cola which are often referred to as ‘alcopops’; the latter were introduced in 1995. There has been significant debate on the potential appeal of these drinks to young people and whether they have had any influence on alcohol consumption. Evidence suggests that the consumption of these drinks is associated with heavier drinking in less controlled environments<sup>2</sup> and therefore likely to pose a greater health risk.

Primarily because of their sweet taste and image, many teenagers find that designer drinks taste less obviously of alcohol, compared to the more traditional drinks of equivalent strength.<sup>6</sup> The fact that the alcohol flavour is masked by the sweetness of the drink may lead to an underestimation of the strength, resulting in greater levels of intoxication. Concern has also been expressed about the alcoholic content of such drinks since some of them are stronger than the more traditional drinks. (See Table 1)

Designer drinks	Alcohol by volume (ABV)
Alcoholic lemonades and colas (eg <i>Two Dogs</i> , <i>Hoopers Hooch</i> )	3.5% - 5.5%
Strong fruit flavoured wine based drinks (eg <i>MD 20/20</i> , <i>Thunderbird</i> )	13% - 13.5%
Cooler/mixer/blender type drinks (eg <i>Bacardi Breezer</i> , <i>Castaway</i> )	4% - 6%
Super-strength ciders (eg <i>Diamond White</i> )	6.5% - 9%
Traditional drinks	
Beer/lager/cider	3% - 6%
Super-strength lagers	8% - 9%
Wines	9% - 13.5%
Spirit based mixtures	14.5% - 25%
Spirits	37.5% - 43%

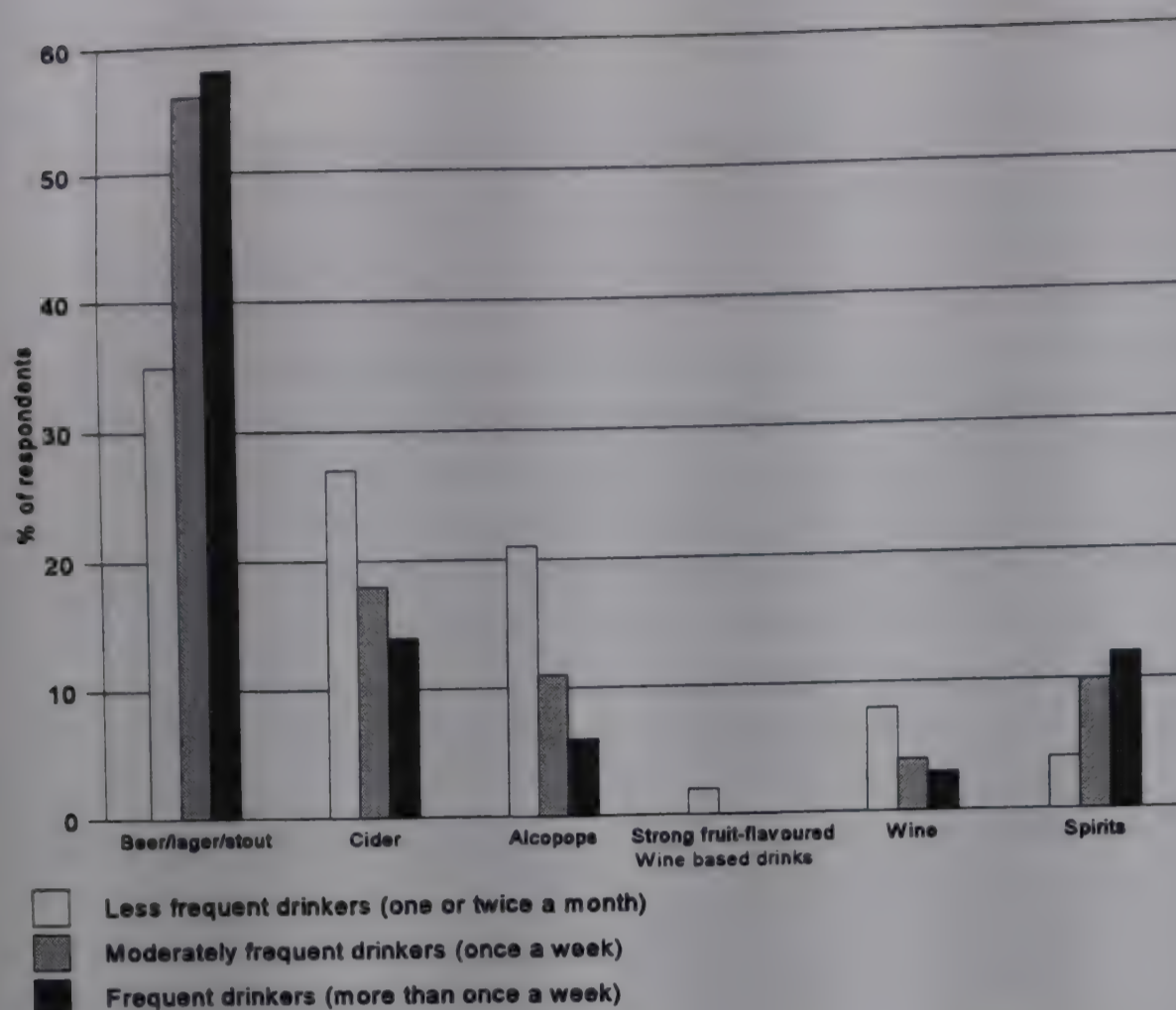
**Table 1:** Alcoholic content of drinks. Source: *Young People and Alcohol* - Health Education Authority 1996.

## Marketing

There is concern that these drinks have been marketed to appeal to young people, particularly those who are not legally permitted to purchase them. In the *Survey of attitudes and behaviour towards new types of alcoholic drinks in England 1996*, undertaken by the Health Education Authority, respondents were shown photographs of different drinks and, contrasting alcopops with ordinary beer, lager and cider, 11-18 year olds saw alcopops as more refreshing, better tasting, less likely to taste of alcohol and 'trendier'.<sup>6</sup> There is then the question of whether by appealing to young people, designer drinks are to some extent legitimising underage drinking. Surveys have shown that the level of consumption of designer drinks peaks around the ages 13-16, suggesting that they are attractive to this age group.<sup>2,3</sup>

Designer drinks and alcopops are likely to have some appeal to young people due to the marketing images, labelling style and names given to the drinks. In addition to legislation designed to reduce availability and the promotion of education programmes, marketing is an area which warrants special consideration; price, strength and taste are also factors taken into account in the choice of drink. Further evidence is needed to determine whether the new designer drinks and alcopops have encouraged more young people to start and continue drinking as they get older, or have encouraged greater consumption and whether these drinks act as 'gateways' to more traditional drinks. The BMA would support the calls for further research to ensure their impact is monitored.

Whilst some of the new drinks are stronger than traditional drinks they are not necessarily the only drinks consumed by young people. Lager and cider are often the most popular drinks (**See Figure 1**), with alcopops preferred by the more occasional drinkers. The BMA believes that problems associated with alcohol consumption and misuse are not confined to the new drinks and alcopops alone. Very few young people drink only alcopops.<sup>1</sup> Banning them would be difficult and fail to address the wider problem. However, there are measures which can be considered to address the concerns relating to the marketing of designer drinks and alcopops in particular.



**Figure 1:** Type of alcoholic drink consumed most often by respondents aged 13-16 years, according to frequency of consumption (Base: all respondents who drink alcohol at least once or twice a month, aged 13-16 (337 respondents) - results from a Health Education Authority survey of a nationally representative sample of 1543, 11-18 year olds). Source: *Young People and Alcohol* - Health Education Authority 1996.

## Monitoring of the drinks industry

Complaints can be submitted to the Portman Group under the voluntary Code of Practice on “the naming, packaging and merchandising of alcoholic drinks” which was launched in 1996 and updated in 1997. Complaints can also be made about a retailer if it is considered that not enough care is being taken to ensure alcoholic drinks are sold to adults only. The Portman Group has no regulatory powers over retailers or manufacturers. At present a complaint can be made to an Independent Complaints Panel convened by the Portman Group about any drink which exceeds 0.5% abv if it is considered that the name, packaging or merchandising of the product:-

- is more likely to appeal to under 18s than to adults;
- suggests any confusion as to the product’s alcoholic nature or strength, or glamorises its alcoholic strength;
- links the product to illicit drugs or to dangerous or antisocial behaviour, or encourages irresponsible consumption;
- suggests sexual success or prowess.

The BMA supports the criteria for assessing these complaints, however, in order to be certain that drinks are not produced and marketed to appeal to the underage drinker, the Association believes that a number of changes need to be made, in particular with regard to the independence of the monitoring body and legislative powers required to undertake enforcement. At present the Independent Complaints Panel considers complaints and reports submitted by organisations such as Alcohol Concern and the Health Education Authority. Fifty out of 87 complaints submitted up to January 1998 were upheld.<sup>7</sup> A proactive independent monitoring body with regulatory powers and dedicated resources throughout the country could undertake this role more effectively than a self regulated one, operated at present by the Portman Group. Complaints at present are only able to be made about products already in production and available for sale and, consideration should be given to a regulatory system at the pre- production and marketing stage.

Currently, complaints about advertisements for alcoholic drinks can be submitted to the Advertising Standards Authority who monitor advertising codes. The codes on alcohol should prevent the suggestion that drinking enhances sporting prowess, although sports sponsorship by drinks companies is commonplace. The BMA is particularly concerned about advertising which is specifically targeted towards the young and which links alcohol with illicit drug use, by use of symbols of youth culture. The Portman Group recently ruled against a producer for using marijuana leaves on a drinks label. Cinema is another area which is under regulated with children often exposed to alcohol advertising during screenings of films for under 18s.

### **Current legislation**

The main regulations relating to young people and alcohol are set out in the 1964 Licensing Act for England and Wales, The Licensing (Scotland) Act 1976 and Licensing (Northern Ireland) Order 1996.

It is illegal for somebody under 18 to buy alcohol and it is illegal to sell alcohol to somebody under 18 other than in the following circumstances:- (See Table 2)

Under 5 years of age	Illegal to give alcohol to a child, except with permission from a doctor or in a medical emergency.
Under 14 years of age	Not allowed in to a bar during opening hours unless the bar has a children's certificate. At the discretion of the licensee, allowed in other parts of the licensed premises but not allowed to buy or be bought or consume alcohol. May consume alcohol at home.
Aged 14 and 15 years	Allowed in a bar at the licensee's discretion but not allowed to buy or consume alcohol. May consume alcohol at home.
Aged 16 and 17 years	In England, Wales and Scotland, allowed to buy or be bought certain drinks but only in separate eating area and as an accompaniment to a meal. Permitted drinks are beer and cider in England and Wales. The law in Scotland also includes the purchase of wine. May consume alcohol at home.

**Table 2:** Laws relating to the purchase and consumption of alcohol in respect of persons under 18 years of age.

In England, Wales and Scotland, the police are allowed to confiscate alcohol from persons under 18 years of age found drinking in public places and are also allowed to confiscate alcohol if they have reason to believe that the alcohol is to be consumed by individuals under 18 years of age. In Scotland it is an offence for anyone over 18 to buy alcohol for a person under 18 to be consumed in public, unsupervised, and the BMA believes that this should be extended to the rest of the UK.

The use of test purchasing to detect underage sales practice in both on and off-licences is supported. Current legislation allows for the practice with regards to tobacco but not alcohol.

Current legislation has remained virtually unchanged for over 30 years and there are a number of anomalies (some of which relate to different parts of the UK). For example, a 16 year old cannot purchase alcohol or consume it in the street, but is allowed to have certain drinks, eg beer and cider with a meal on licensed premises. At 16, young people are prohibited from buying alcohol but are old enough to marry, join the armed forces, engage in sexual intercourse, purchase tobacco and at 17, drive a car. This sends a confused message to the young as do the current marketing strategies relating to designer drinks. A Government review of existing licensing legislation with a view to introducing consistent legislation is to be welcomed.

Since the BMA 1996 ARM resolution there has been a decrease in the popularity of alcopops and a number of developments have occurred including a commitment by Government to develop an alcohol strategy as mentioned in the Government's, *Our Healthier Nation* strategy. A Ministerial Group on Alcopops was also set up in 1997. This Group published a second progress report in November 1998 outlining action taken to reduce the incidence of under-age alcohol misuse. These measures included two million pounds funding for educational programmes and legislative changes involving confiscation of alcohol from children drinking in public and the closure of a loophole in the law which prevents employees of big retail chains being prosecuted from selling alcohol to underage people. They did not however recommend a change to the voluntary arrangement which currently exists regarding the monitoring of the drinks industry.

### **Education and enforcement**

Control and prevention through legislation, however, are not the only consideration as early exposure to and consumption of alcohol takes place in the home environment<sup>8</sup> and although some alcohol may be purchased by the underage drinkers themselves, it can also be bought for them. Availability of alcohol and peer influence has an impact on consumption and the BMA supports interventions, especially education programmes to help young people develop sensible attitudes to drinking, and provide information on the short term risks of acute alcohol intoxication and longer term effects of problem drinking. All young women and intending parents should be made aware of the dangers of alcohol consumption to the fetus particularly in the early weeks of pregnancy. High levels of consumption in pregnancy are associated with Fetal Alcohol Syndrome.

There is a statutory requirement under the National Curriculum Science Order to cover certain aspects of drug education in schools. At Key Stage 2 (7-11 years) pupils should be taught that "tobacco, alcohol and other drugs can have harmful effects"; at Key Stage 3 (11-14 years) they should be taught that "the abuse of alcohol, solvents, tobacco and other drugs affect health...." and at Key Stage 4 (14-16 years) they should be taught "the key effects of solvents, tobacco, alcohol and other drugs on body functions". Circular 4/95, *Drug Prevention and Schools*, whilst promising to "focus on tobacco, alcohol and volatile substances in addition to illegal drugs", it fails to adequately address the issue of alcohol and young people.<sup>9</sup>

Industry and government have a responsibility to promote and enforce the legislation relating to alcohol purchase and consumption and publicise the 'sensible drinking message' as widely as possible. The BMA, as far back as the 1986 Annual Representative Meeting, resolved to "*support a policy of sensible drinking of alcohol, recognised that a total ban on alcohol advertising was impracticable, and urged government to require a health warning against excessive alcohol consumption to be incorporated into alcohol advertisements*". Extending this view, the BMA believes that a common labelling standard for alcohol units should be developed and clearly displayed on products and also in advertisements, together with the existing BMA sensible drinking guidance, ie (2 units per day for women and 3 units per day for men).

Evidence suggests that off-licences are the most common place of purchase of alcohol by 11-16 year olds.<sup>6</sup> Many supermarkets and garages, often now open 24 hours a day sell alcohol. Not all staff may be aware of, or may pay less heed to the legislation, regarding the sale of alcohol to young people. Retailers of alcohol have a key role to play in the enforcement of legislation and in reducing the incidence of underage drinking and also 'binge' drinking. Staff training programmes and the wider use and promotion of voluntary ID cards are positive measures to assist licensees and retailers. Consideration should also be given to more punitive measures of test purchasing, point of sale advertising restrictions, and legislation to make it illegal for those over 18 to purchase alcohol for under 18s.

## **Conclusion**

The problem of underage drinking and teenage alcohol consumption should be viewed not just in terms of drinks aimed at the teenage market but also in relation to issues concerning education, access to alcohol and regulatory enforcement. Issues relating to the culture in which young people are growing up and the example set by adults are also important.

The BMA welcomes the research, education and other initiatives undertaken in recent years by some key organisations working in this field including the Health Education Authority, Alcohol Concern and the Portman Group. The Ministerial Group on Alcopops has made progress, however, with such a large group of vulnerable young people involved, more effective action could have been proposed in their 1998 review.

## Recommendations

- An independent proactive regulator with powers of enforcement should be introduced to review complaints regarding manufacturers of alcohol and marketing practices, replacing the voluntary arrangement which currently exists with the Portman Group Code of Practice.
- The criteria for assessment of complaints about alcoholic drink products (see Page 4) is supported, together with powers for an independent regulator to vet alcoholic products before they are launched and withdraw products which don't comply with the criteria.
- The advertising code on alcohol should be subject to greater enforcement by the Independent Television Commission and the Advertising Standards Authority, particularly with regard to young people and should include more rigorous controls on sports sponsorship and cinema advertising.
- The ruling in Scotland where it is an offence for anyone over 18 years of age to buy alcohol for a person under 18 years of age for public, unsupervised consumption should be extended to the rest of the UK and the existing licensing legislation be reviewed for consistency.
- A change in legislation to allow test purchases by under 18s working with designated enforcement authorities in precise and controlled circumstances is supported. It would enable more effective enforcement and would have a major impact in reducing this source of access to alcohol by children.
- The BMA encourages the responsible sale of alcohol by all types of retailers including off-licences, supermarkets and garages and supports compulsory training programmes for licensees as a condition of receiving a licence on the legislation relating to young people and alcohol and in dealing with underage or intoxicated customers.
- The BMA supports voluntary initiatives to enable young people to prove their age, subject to appropriate ethical considerations, thereby curbing underage purchasing of alcohol and assisting licensees.
- The BMA believes that it is the responsibility of the drinks industry, both producers and retailers, to ensure that their customers are fully aware of the alcoholic content of the beverages they purchase and the potential harmful consequences of excess consumption. Retailers should be required to publicise information about the strength of drinks and clarify the definition of a 'unit' of alcohol at the point of sale.

- There should be a legal requirement for all containers of alcohol offered for sale and advertisements to carry; a prominent common standard label which clearly outlines the alcohol content in terms of units (clearly defining the meaning of a unit of alcohol, 8g of alcohol per unit = approximately 1 small glass of wine, ½ pint ordinary strength beer, lager or cider, single measure of spirits); information on the maximum recommended daily level of alcohol consumption and; a warning of the dangers of 'excessive' drinking.
- The BMA supports the calls from other organisations for increased alcohol education to be introduced into schools starting at primary level which should be formalised by means of specific alcohol guidance from the Department for Education and Employment (DfEE). Alcohol should therefore not be included within drugs education as at present, but should be dealt with as a separate topic.
- Alcohol education should be available as a compulsory curriculum module for training teachers, occupational health workers and medical students.

## References

1. Goddard E. *Young Teenagers and Alcohol in 1996*. Volume 1 England. London: Office for National Statistics, 1997.
2. Health Education Board for Scotland. *Young People, Alcohol and Designer Drinks*. BMJ 1997;314.
3. Health Education Authority. *Young People and Alcohol: What 11-24 year olds know, think and do*. L Wright, London 1999.
4. BMA press release. *BMA supports Home Secretary's drive to control alcopops* - 29 May 1997.
5. Royal College of Physicians and the British Paediatric Association. *Alcohol and the Young*. 1995.
6. Health Education Authority. *Young People and Alcohol: A Survey of Attitudes and Behaviour Towards New Types of Alcoholic Drinks in England*. HEA 1996.
7. Correspondence received from the Portman Group, 29 January 1999.
8. British Medical Association. *Young People and Alcohol*. 1986
9. Department for Education and Employment, Circular 4/95. *Drug prevention in schools*. 1995.

## Further Reading

Alcohol Concern. *Annual Report*. 1998.

Department of Health. *Our Healthier Nation: a contract for health*. London: Stationery Office, 1998.

The Portman Group. *Finding Out About Drinking Alcohol*. 1998.

Alcohol Concern. *Measures for Measures: A framework for alcohol policy*. 1997.

Office for National Statistics. *Young Teenagers and Alcohol in 1996* (survey on behalf of the Department of Health and the Scottish Office Department of Health) 1997.

The Portman Group. *Drinking with Design - Alcopops, Designer Drinks and Youth Culture*. 1997.

The Portman Group. *Under the Influence - Report of the Taskforce on Underage Alcohol Misuse*. 1997.

Goddard E. *Teenage Drinking in 1994*. London: HMSO, 1996.

Health Education Authority. *Think About Drink*. 1996.

British Medical Association. *Alcohol - Guidelines on Sensible Drinking*. 1995

Marsh A, et al. *Adolescent Drinking* - (survey carried out on behalf of the Department of Health and Social Security and the Scottish Home and Health Department). Office of Population Censuses and Surveys. London: HMSO, 1986.

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Further information on alcohol, including sensible drinking guidelines and other issues, is available from the BMA website at <http://www.bma.org.uk>



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